

Your NCD will be affected due to late reporting

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report **correctly** the details of the accident to speed up the claims process.
- This Form must be completed by the **Policyholder** and/or the **Actual Driver**.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any claims recording may be referred to the Police for investigation.**
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission: 11/10/2022 13:58 (SGT)
Reported by: Driver
Date of Accident: 03/10/2022 17:45 (SGT)
Exact Location of Accident: Singapore
Additional Location Information: TANJONG KATONG JUNCTION OF DUNMAN ROAD
Country/State of Loss: Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number: FBT4085A

INSURED/POLICY HOLDER

Is company? No
Name Of Registered Owner: SAUFI-HAIKAL BIN JAFFAR
NRIC No: S9437230E
Email Address: SAUFI.HAIKAL.JAFFAR@GMAIL.COM
Mobile Phone No: (Phone) +65-96434477
Alternative Phone No: -

VEHICLE PARTICULARS

Manufacturer: Yamaha
Model: SPARK
Variant: -
Exact purpose for which vehicle was being used at time of accident: Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category: Motorcycle
Transmission: Manual
CC: 135

INSURANCE COMPANY

Name of Insurance Company: Income Insurance Limited
Policy Number / Cover Note Number: 5126610807

DRIVER

Name of Driver: MULYADI EKA PUTRA BIN MUHAMAD
NRIC No: S9718794J
Date Of Birth: 31/05/1997
Occupation: Indoor

Date Of Driving Pass: 25/01/2017
Driving experience: 5 YEARS AND 9 MONTHS
Gender: Male
Mobile Number: (Phone) +65-87497131
Alt. Phone Number: -
Email Address: SAUFI.HAIKAL.JAFFAR@GMAIL.COM
Address: BLK 94 #05-27 PIPIT ROAD
Address complement: -
Postcode: 370094
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured: Friend
Does Driver Own Other Vehicles? No
Vehicle Registration Number of Other Vehicle Owned by Driver: -
Insurance Company of Other Vehicle Owned by Driver: -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident: Collision - Cross Junction
Weather Conditions: CLOUDY
Road Surface: Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident: 2
Was anybody injured in the Accident? Yes
Was any injured conveyed to hospital by ambulance? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver): 1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
Translator's name: -
Translator's ID: -
Translator's phone number: -
Translator's email: -
Original language used in the statement: -

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name: MacPherson Neighbourhood Police Post
Police Station Phone No: (Phone) +65-18007449999
Alt. Police Station Phone No: (Fax) +65-65476366
Police Station Address: Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20221004/2076

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number: EJ37H
Vehicle Manufacturer: Honda
Vehicle Model: -
Vehicle Variant: -

IMPORTANT NOTICE

- Please report accurately. The details of the accident to speed up the claims process.
- The Form must be submitted to the **Responsible Officer (RO) of the Police Station**.
- Information provided must be in **English** and **Accurate**. Any false representation or withholding of material facts may allow insurance companies to withhold claims.
- The issue and consequences of this Form by insurance companies is not an admission of policy liability on the part of the Insurance Companies.
- Any false information may be referred to the Traffic Police Department for investigation.**
- This report will be forwarded to the Bureau to the **Traffic Police Department** established by the General Insurance Association of Singapore (GIAS) for endorsing and that copies of this report will be for the report available upon application by requested parties.
- In the judgement of this report is the insurance, you hereby consent to the endorsing of this report at the police and receipt of this report being made available.

6. Consent under the Personal Data Protection Act (PDPA)

I, **Subashini**, acknowledge, agree and consent that:

(a) I, **Subashini**, my representative and the Insurance Company of Singapore ("IC") require permitted to collect, use, disclose and/or process my personal information as set out in this Form and any other personal information provided by me or submitted by the insurer (collectively the "Personal Information") and disclose and/or transfer such Personal Information to all insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"). The Insurers, Insurance firms, the Insurance Authority of Singapore and any relevant government agency/authority shall be the authority for the processing of:

(i) investigating the accident and/or any claims;

(ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iii) administering my claims, including the making of compensation, settlements, interest, repairs or refunds to me, which could involve disclosure of certain personal data about me to using about delivery of the Letter as well as on the eventual cover of unemployment re-employment; and/or

(iv) carrying out and/or dealing with my instructions, processing, handling and/or dealing with my claims.

(collectively the "Purposes").

(b) All Insurers who have insured vehicles involved in this accident and the Insurers' Insurance firms, require permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(c) My Personal Information is/are collected by any of the Insurers and/or IC to their Insurance service providers or agents (including their representative firms), which may be used to build up a database for use or reuse of the above Purposes.

11/08/2022 14:00

Police/Insurer Signature: *[Signature]* Date & Time: *[Signature]*

Driver's Signature if driver is not the policyholder: *[Signature]* Date & Time: *[Signature]*

Witness Signature: *[Signature]* Date & Time: *[Signature]*

Sketch Plan:

A: PETROL
B: 6.5TH

SINGAPORE POLICE FORCE

Police Station Of Origin: **Marine Parade MP**
84 Pagar Road #01-02/04 SINGAPORE 070504
Tel No: 1920-144999

CONFIRMATION OF REPORT

Name:	M. A. F. D. D. PUTRA (M. A. F. D. D. PUTRA)	ID No:	SPT107042
Present Vehicle:	PETROL (Motorcycle)	Contact No:	81461131
Present Case:	RAFFLES MEDICAL	Class of Injury:	Class 2B (A.2)
Date of Incident:	11/08/2022	Date of Report:	11/08/2022
Date of Report:	11/08/2022	Date of Report:	11/08/2022

Brief Details:

On 11/08/2022 between 14:00 to 14:05, I was riding my motorcycle bearing registration plate number **PETROL** along Tanjong Katong Road towards Tanjong Katong Road South. I was at the traffic light and road. As the traffic light turned green, I slowly accelerated my motorcycle forward. At the same time, a **Tanjong Katong Road** and failed to check for oncoming motorist. The side of the car then collided with the front of my motorcycle causing me to fall onto the road. The car drove off initially but returned to the accident location shortly after.

There was another accident take took place earlier prior to my accident as both I was returned to verify by traffic police and paramedics. I was later conveyed to Raffles Hospital as I felt pain on my back and right arm.



**SINGAPORE
POLICE FORCE**



T/20221004/2076

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20221004/2076

CONTINUATION OF REPORT

Rider			
Name	MULYADI EKA PUTRA BIN MUHAMAD	ID No.	S9718794J
Related Vehicle	FBT4085A (Motorcycle)	Contact No.	87497131
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2 Date of Expiry: NIL
Date Treatment	03/10/2022	Date Discharge	03/10/2022
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On 3/10/2022 between 1745hrs to 1800hrs, I was riding my motorcycle bearing registration plate number FBT4085A along Tanjong Katong Road towards Tanjong Katong Road South. I was at the traffic light junction between Tanjong Katong Road and Dunman Road. I was riding on the second lane on the three lane road. As the traffic lights turned green, I slowly accelerated my motorcycle forward, at the time, a car bearing registration plate number EJ37H, a red Honda made a discretionary right from Dunman road onto Tanjong Katong road and failed to check for oncoming motorist. The side of the car then collided with the front of my motorcycle causing me to fall onto the road. The car drove off initially but returned to the accident location shortly after.

There was another accident take took place earlier prior to my accident as such I was attended to swiftly by traffic police and paramedics. I was later conveyed to Raffles Hospital as I felt pain on my back and thigh area.